

## STATE OF COLORADO

### COMPANY CHECKLIST FOR HEALTH FORM CERTIFICATION FILINGS

#### REQUIRED ITEMS FOR A COMPLETE FILING

REQUIRED	INFORMATION	STATUTORY/ REGULATION/ INFORMATION CITE
<b>Certification of Compliance</b>	<ul style="list-style-type: none"> <li>The exact wording of the certification must be used.</li> <li>It must contain an original signature of a company officer (president, vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary who is a company officer).</li> <li><b>Note: Electronic signatures are not acceptable unless provided through a signature verification provider such as VeriSign).</b></li> <li>If the certification is not signed by one of the individuals listed above, documentation showing that the individual signing the certification has been appointed by the Board of Directors as a company officer must accompany each filing.</li> </ul>	<p><u>§10-16-107.2(1) and (2), C.R.S.</u></p> <p><u>Colorado Regulation 1-1-6</u></p> <p><u>Colorado Bulletin B-4.18</u></p> <p>Exhibits: <u>New Policy Forms:</u> <u>(FORM HEALTH)</u></p> <p><u>Annual Report of Forms:</u> <u>(FORM HEALTH ANNUAL)</u></p>
<b>Listing of New Form(s)</b>  <b>OR</b>  <b>Annual Report of Forms</b>	<p>Must be a separate document which lists:</p> <ul style="list-style-type: none"> <li>Line of insurance (e.g., individual health, large group, dental, etc.)</li> <li>Form Numbers</li> <li>Form Titles</li> <li><b><u>Must</u> have an Effective Date for Use in Colorado that is at least 31 days after the SERFF submission date</b> (new forms only)</li> <li><b>Do not submit actual forms</b> (except long term care)</li> <li>Annual reports must be filed prior to December 31 of each year</li> </ul>	<p><u>§10-16-107.2(1) and (2), C.R.S.</u></p> <p><u>Colorado Regulation 1-1-6</u></p> <p><u>Colorado Bulletin B-4.18</u></p>
<b>Long-Term Care</b>	<ul style="list-style-type: none"> <li>Must contain certification form</li> <li>Must submit all actual forms (including disclosure documents)</li> <li>Must contain listing of forms</li> </ul>	<p><u>Colorado Regulation 4-4-1 Sections 9 and 10</u></p>

**PLEASE DO NOT SUBMIT THIS CHECKLIST IN WITH THE FILING**

**FORM HEALTH**

**COLORADO HEALTH COVERAGE CERTIFICATION FORM  
FOR LISTING OF NEW POLICY FORMS**

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_  
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ATTACHED LISTING OF NEW POLICY FORMS WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

HAVE REVIEWED, SIGNED AND PLACED ON FILE AT THE COMPANY'S OFFICES THE HEALTH COVERAGE COMPLIANCE GUIDE;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH, KNOWLEDGE AND BELIEF, THAT THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE LISTING OF NEW POLICY FORMS, FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

\_\_\_\_\_  
(**Original** Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

\* *If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

**FORM HEALTH ANNUAL**

**COLORADO HEALTH COVERAGE  
CERTIFICATION FORM FOR ANNUAL REPORTS**

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_  
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ATTACHED ANNUAL REPORT WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS AND REGULATIONS;

AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY THAT THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE ANNUAL REPORT FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS.

\_\_\_\_\_  
(**Original** Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

\* *If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.*

<b>Company Name:</b>	
<b>NAIC CoCode:</b>	
<b>SERFF Filing #:</b>	

## FORMS LIST

### (Annual Report of Forms or Listing of New Policy Forms)

Line of Insurance (individual, large group, dental, etc)	Form Numbers	Form Titles	Description of New Policy Forms	Effective Date

**Must attach to filing in SERFF, as well as hitting the submit button below.**

<b>Company Name:</b>	
<b>NAIC CoCode:</b>	
<b>SERFF Filing #:</b>	

## FORMS LIST

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